



CITY OF IMPERIAL BEACH
825 IMPERIAL BEACH BLVD.
IMPERIAL BEACH, CA 91932
619.628.1362

TRANSIENT OCCUPANCY TAX RETURN

Name of Business: _____

Address of Business: _____

Report for the Period: _____ through _____

Business License No.: _____

A. Total Transient Rents Charged and Received \$ _____

B. Amount of Tax Collected Or Transient Occupancies \$ _____
(Should be approximately 10% of A)

C. Penalty For Failure To Remit The Tax Within The Month \$ _____
After The Above Period – 10% of Tax-Line B

D. Penalty For Failure To Remit Tax Within 30 Days Following \$ _____
Date On Which Remittance First Became Delinquent
-10% of Tax-Line B

E. Interest Charged For Failure To Remit Any Tax Collected- \$ _____
½ % Per Month On The Amount Line B From Date On Which
Remittance First Became Delinquent Until Paid

TOTAL AMOUNT DUE (B, C, D, & E) \$ _____

**I DECLARE, UNDER PENALTY OF MAKING A FALSE DECLARATION, I AM
AUTHORIZED TO MAKE THIS STATEMENT AND, TO THE BEST OF MY
KNOWLEDGE, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT MADE
IN GOOD FAITH FOR THE PERIOD STATED, IN COMPLIANCE WITH THE
PROVISIONS OF THE IMPERIAL BEACH MUNICIPAL CODE.**

Signature of Operator Agent Owner: _____

Name of Owner: _____ Date: _____

Check here if you need more report forms:

Mail report forms to the following address: _____